

May 14, 2021

SENT VIA E-MAIL TO : N/A

Jonathan Shockley
1000 Sutter St
San Francisco, CA 94109-5818

Re: Claim Number:	040519008736
Policy Number:	000071738154/000090
Employer:	Biotelemetry, Inc
Employee:	Jonathan Shockley
Date of Accident:	02/15/2019
Writing Company:	Chubb Indemnity Insurance Company

NOTICE REGARDING PERMANENT DISABILITY BENEFITS PAYMENT START

Dear Jonathan Shockley ,

Chubb is handling your workers' compensation claim on behalf of Biotelemetry, Inc . This notice is to advise you of the status of disability benefits for your workers' compensation injury on the date shown above.

Payment is starting for permanent disability and is being sent separately for the period starting 03/12/2021 through 05/14/2021. Your weekly compensation rate is \$ 290.00 based on your earnings of \$ 956.63 per week. Payments will be sent to you every two weeks on Friday and will continue for 187 weeks until \$ 54,230.00 has been paid. These payments will be deducted from any award you may receive. The amount of permanent disability to be paid is based upon:

The report dated 03/11/2021 from Dr. Adam Stoller, MD. A copy of the report is attached to this notice. The report indicates that you are in need of future medical care.

Additional information may be found in the publication *Workers' Compensation in California: A Guidebook for Injured Workers*. A complete copy of the Guidebook may be obtained on the Division of Workers' Compensation website (see URL below) or by contacting an Information and Assistance (I&A) Officer of the Division of Workers' Compensation. Permanent Disability is discussed in chapter 7 of the Guidebook.

Guidebook for Injured Workers:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/InjuredWorkerGuidebook.html>

Chapter 7: Permanent Disability:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter7.pdf>

The State of California requires that you be given the following information:

You have a right to disagree with decisions affecting your claim. If you have any questions about the information provided to you in this notice, please call, Mario Castro at (213) 612-5378. You also have the right to be represented by an attorney of your choice. However, if you are represented by an attorney, you should call your attorney, not Mario Castro.

For information about the workers' compensation claims process and your rights and obligations, go to www.dir.ca.gov or contact an Information and Assistance (I&A) Officer of the State Division of Workers' Compensation. For recorded information and a list of offices, call (800)736-7401.

Si usted prefiere recibir esta carta en español, por favor llame al numero (213) 612-5378.

Keep this notice. It contains important information about your workers' compensation benefits.

Sincerely,

Mario Castro

Mario Castro
(213) 612-5378

cc:

Biotelemetry, Inc
ATTN: HUMAN RESOURCES
33 New Montgomery St,
San Francisco, CA 94105
(No Enclosures)

Christian Charles Colantoni
Colantoni, Collins, Marren, Phillips and Tulk
201 Spear Street #1100
San Francisco, CA 94105

Farber & Co
333 Hegenberger Road, #504
Oakland, CA 94621

Enc.: Medical report Dr. Adam J. Stoller, MD 03/11/2021

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PANEL QUALIFIED MEDICAL RE-EVALUATION

RE: SHOCKLEY, Jonathan

DOB : 09/27/1978

CLAIM #: 7173815490

DOI: 0 2/15/2019

EMPLOYER: CardioNet, LLC

Dear Concerned Parties:

Mr. Jonathan Shockley had an appointment at the Remedy Medical Group at 490 Post Street, Suite 901, San Francisco, California from 11:30 a.m. to 12 noon. I spent a half-hour face to face with the patient. Doctus assisted me with five and a half hours of medical record review of 1,047 pages, many of which were duplicates and non-medical in nature. Two hours were spent in reviewing the relevant medical records. I spent one and a half hours drafting and editing this report. This will be billed as an ML101, with four hours spent.

I last saw Mr. Shockley on 01/23/20 for evaluation for his bilateral shoulder, arm, and hand pain. He had a cumulative trauma injury as a combination of peripheral nerve neuropathy of the cubital tunnel, carpal tunnel, and cervical radiculopathy.

Since I have last seen him, he tried gabapentin, but developed side effects and states that he feels he is persistently somnolent since that time. He also states he had some thyroid

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problems because of the gabapentin. He has been seen by Dr. Goren for peripheral decompressive surgery at the elbow and Dr. Slosar for a decompressive surgery of the C-spine. Both surgeons declined to operate on Mr. Shockley.

Mr. Shockley has been offered cervical epidural steroid injections, but he declines at this time.

He is interested in further acupuncture treatment which has been requested and denied.

His neck and arm pain have continued with some decrease in intensity.

The patient complains, in addition to pain in his upper extremities, of numbness in the ulnar aspect of his right and left forearm and numbness into his third, fourth, and fifth digits on the palmar and dorsal aspect that is intermittent.

CURRENT COMPLAINTS:

Currently, his bilateral arm pain is a VAS 4/10. It ranges from a VAS 2 to a VAS 7/10. His neck pain is a VAS 2/10. It ranges from a 2 to a 7/10.

His pain is aggravated by lifting, gripping, grasping, holding, and manipulating with his hands. It is made better with rest, anti-inflammatories, acupuncture, and neck traction.

He has no problems with sitting, standing, or walking. He is a right-handed.

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He endorses sleep disruption because of his pain and difficulty staying asleep and falling asleep. He can sleep six to seven hours a night. Previously, he slept seven to eight hours a night. His mood, he has increased anxiety and despair, but he feels that he is managing with medication.

He has had gastric GI tract upset with diclofenac.

His functional limitations include difficulty with writing, difficulty using a computer or cell phone, cooking, cleaning, lifting heavy objects, playing sports, sexual activity, and house repairs.

He currently is on modified work, but he has not worked since he was fired from his job at CardioNet.

MEDICAL HISTORY:

Unchanged.

SURGICAL HISTORY:

Unchanged.

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RE: SHOCKLEY, Jonathan

SOCIAL HISTORY:

He is single. He does not have any children. He does not consume any alcohol. He does not use any tobacco products.

FAMILY HISTORY:

1. Rheumatoid arthritis.

REVIEW OF SYSTEMS:

A fourteen-point review of systems is positive for continued dizziness, in addition to the aforementioned problems.

OCCUPATIONAL HISTORY:

There has been no change since I last saw him. He has been off work since June 2018.

CURRENT MEDICATIONS:

1. Diclofenac.
2. Voltaren.
3. Lidocaine cream.

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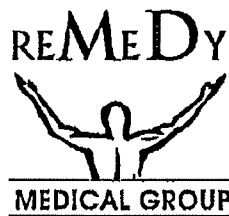
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VALIDATED QUESTIONNAIRES:

1. PHQ-9 is 11/30 indicating mild reactive depression.
2. Epworth Sleepiness Scale is 4 indicating no abnormal daytime somnolence.

Please see the ADL worksheets for comprehensive review of ADL surveys.

MEDICAL RECORDS REVIEW:

06/05/19 Annie Ting, OT - Golden Gate Hand Therapy. Occupational Therapy Progress Note. CC: Patient states, "my worst pain is 6/10 and at the best it is always low level pain 1/10 and I always feel it. With doing daily activities, it causes low grade pain. I will be going to a 10-day meditation retreat at the end of the month, which will be nice for the hands. My right is worse but my left can definitely got to that level." Assessment/Plan: Patient presents with compromised circulation, which may be affecting healing process. He continues with poor activities tolerance and requires multiple rest breaks when completed strengthening exercises. He has minimal improvement at this point of therapy and may benefit from seeing alternative treatment options. OT was performed. F/u with MD appointment.

01/23/20 Adam J. Stoller, MD - Remedy Medical Group. Panel Qualified Medical Evaluation.

12/03/20 Thrisha Kashinath, PA-C/Babak Jamasbi, MD - Pain and Rehabilitative Consultants Medical Group. Supplemental Report. CC: Patient continues to report bilateral

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arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment. He reports that a few months back he took gabapentin briefly to see if it would improve his upper extremity pain. However, this caused extreme fatigue, which he still feels is occurring. Due to the fatigue, he had some blood work done that showed elevated TSH. He attributes this elevation in TSH is due to his use of gabapentin and inquiries about having this level repeated. Discussion: This examiner reported to note that patient had excellent benefits from prior sessions of acupuncture. He reported a reduction in his pain complaints from a 4-5/10 to a 2-3/10 on VAS, constituting a 10-20% reduction in his pain complaints for 2-3 days. He was able to do his ADLs better and there was overall improvement in his symptoms with acupuncture therapy. This examiner requested to note that this patient did have a PQME with Dr. Stoller on 01/23/20. Dr. Stoller did recommend that patient have acupuncture sessions under future medical care. This examiner kindly requested to reconsider authorization for 6 sessions of acupuncture for the neck, bilateral hands, wrists, and forearms. It is noted that patient meets the guidelines criteria for warranting treatment, and will continue to keep the insurance updated regarding this patient's progress. Further delay of this patient's treatment would only serve to prolong his suffering and increase the overall cost to the California Workers' Compensation system through prolongation of the utilization review process.

12/03/20 Adam J. Stoller, MD - Remedy Medical Group. Medical Legal Supplemental Report.

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12/10/20 Julia Fellows, PA-C/Babak Jamasbi, MD - Pain and Rehabilitative Consultants Medical Group. PTP's Progress Report. CC: Patient presents via Facetime to follow up on pain in his arm, bilateral hands and neck. He denies acute changes to his pain complaints on 12/10/17. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment. He also reports pain in his neck that radiates down into his bilateral upper extremities. He did undergo a MRI of the neck and he wanted to discuss the results with a specialist. However at the time, his insurance carrier was denying liability for his neck. He has been approved for 6 sessions of aqua therapy but these are currently on hold as no pool facility is open due to COVID-19. These sessions expire in March 2021. Previously, he had been attending acupuncture therapy with benefit, but additional sessions have been denied and are currently being appealed. He has never trialed chiropractic therapy before, but he prefers to wait and see if acupuncture will be appeal approved prior to proceeding with chiro. He has also trialed massage therapy in the past although this actually aggravated his symptoms more. With regard to medication, he continues with lidocaine cream and Voltaren gel as topical medications. He denies side effects with his medications. He does request for refills on 12/10/20. He also inquires about trialing Flector patch for topical relief of his symptoms. He reports that a few months back he took gabapentin briefly to see if it would improve his upper extremity pain. However, this caused extreme fatigue which he still feels is occurring. He states he met with a neurologist through his private insurance who informed him this would improve with time. Dx: 1) Cervical disc

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disorder with radiculopathy, unspecified cervical region. 2) Other soft tissue disorders related to use, overuse and pressure, right upper arm. 3) Other soft tissue disorders related to use, overuse and pressure, left upper arm. 4) Other soft tissue disorders related to use, overuse and pressure, right forearm. 5) Lesion of ulnar nerve, unspecified upper limb. Tx Plan: Prescribed Flector 1.3% patch. May consider trialing chiropractic therapy at his next visit should acupuncture remain denied. Recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim. With regard to his work restrictions, this examiner has indicated that he can perform one hour of computer work in an 8-hour day; unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment and if he receives adequate treatment for his cervical spine, which is currently being disputed as a covered body part despite having an MRI of the cervical spine authorized. He states that he was recently let go from his employer. With regard to medications, Voltaren gel and lidocaine ointment refilled now. Will also trial him on Flector patch for topical relief. He has not trialed this yet; therefore, no previous benefit can be documented. Gabapentin discontinued due to side effects. As mentioned above, he has been having considerable fatigue after trialing gabapentin for a short amount of time. He apparently had an abnormal TSH shortly after discontinuing gabapentin and he believes that the medication is responsible for the abnormal level. Since patient took such a low dose for such a short amount of time, it is hard to say if gabapentin truly did cause the TSH level abnormality. He does feel that the fatigue is improving. Work Status: He is not Permanent and Stationary. Restrictions: Repetitive activities using upper extremities limited to one hour in an 8-hour shift. Light computer work for up to an hour for an 8-hour shift. F/u in 4-6 weeks.

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PHYSICAL EXAM:

General:

Well-nourished, well-developed gentleman in no acute distress.

Cardiac:

His extremities are warm and well perfused.

Pulmonary:

He is breathing comfortably on room air.

HEENT:

He has 80 degrees of cervical rotation to the left and 60 degrees to the right with pain. He has 60 degrees of flexion and extension without pain. He has 40 degrees of lateral bend to the left and 40 degrees of lateral bend to the right. Lateral bend to the right is painful. He has positive facet loading signs on the right. He has tenderness to palpation over his right cervical paraspinal muscles.

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Musculoskeletal:

He has 5/5 biceps, triceps, and deltoid strength. His grip strength using a dynamometer on the right hand is 32 kg, 10 kg, and 14 kg, on the left side is 34 kg, 20 kg, and 32 kg. With biceps 10 cm above the olecranon process are 20 cm on the right and 26 cm on the left with his arms resting at side.

Neuro:

Sensation is intact to light touch in the bilateral upper extremities. He has positive Tinel's at the bilateral carpal tunnel and positive Tinel's at the bilateral cubital tunnel. Both of these Tinel's signs are more strongly positive on the right with increased paresthesia stimulation. Cranial nerves II through XII are intact.

Psych:

He has an odd affect. Regular speech tone and prosody. Logical thought process.

IMPRESSION:

This is a gentleman who suffers from a combination of cervical radiculopathy and ulnar and median mononeuropathies in his bilateral upper extremities.

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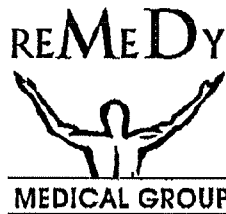
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CAUSATION:

I find 100% causation to the workplace event of 02/15/19.

APPORTIONMENT:

He demonstrates some degenerative change of the cervical spine. 10% of his cervical injury will be apportioned to degenerative changes of the cervical spine. There is no apportionment for his entrapment of the bilateral ulnar nerves or bilateral median nerves.

PERMANENT AND STATIONARY STATUS:

The patient is permanent and stationary. He has declined further therapy. He develops reactions to most medications.

IMPAIRMENT:

Per page 392, table 15-5, he has a DRE Category II with an 18% Whole Person Impairment with a clinical history and examination findings compatible with a specific injury at the C5-C6 level with muscle guarding on the right side. He has symmetric range of motion of the cervical spine and complains of radicular pain without objective findings.

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Musculoskeletal, Spine and Electrodiagnostic Medicine

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RE: SHOCKLEY, Jonathan

For impairment of the ulnar nerve above the mid forearm, he reports changes in sensation occasionally in his upper arm and his lower arm and ulnar region, but he does not have reduced tactile sensibility with a 60% sensory impairment. 60% sensory impairment of the bilateral ulnar nerves is 4% Upper Extremity Impairment. At the median nerve at the wrist, he has occasionally distorted tactile sensibility that interferes with some activities that is at 40% which is a 15% Upper Extremity Impairment of the right median, across the median sensory and a 15% Upper Extremity Impairment on the left for a median nerve sensory deficit. As evidenced by reduced grip strength, he has a grade 4 motor deficit greater on the right side than the left side. On the right side, he has a 25% motor deficit which is a 3% Upper Extremity Impairment on the right. On the left, he has a 1% Upper Extremity Impairment. Totals for right upper extremity ulnar and median nerve impairment is 22% Upper Extremity Impairment on the right and 20% on the left. For the right side, a 22% Upper Extremity Impairment is equal to a 13% Whole Person Impairment and a 20% Upper Extremity Impairment is a 12% Whole Person Impairment.

Using the Combined Values Chart, 13% plus 12% is 18% plus 7% for the cervical impairment is a 20% Whole Person Impairment. I have considered Alvarez-Guzman and feel that the above strict interpretation is appropriate.

I have also considered additions for pain and I think that my rating of his DRE category involves pain and there is rating for pain in the sensory deficits in his ulnar and median nerves, so therefore no additional pain rating is appropriate.

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RE: SHOCKLEY, Jonathan

WORK RESTRICTIONS:

I am in agreement with Dr. Jamasbi's assessment of Mr. Shockley's work restrictions which are as follows: Repetitive activities with the upper extremities limited to one hour in an eight hour shift.

FUTURE MEDICAL CARE:

1. Mr. Shockley would be a candidate for a cervical epidural steroid injection.
2. Mr. Shockley would be a candidate for neuropathic pain medications.
3. Allowances should be made for nonspecific therapies such as TENS and acupuncture.
4. Mr. Shockley seems to have benefited from acupuncture and he would be a candidate for six sessions of acupuncture every six months as needed for flares of his pain.

Thank you very much for choosing me to be your QMF. Should you have any questions or concerns, please do not hesitate to constitute them in the form of a request for supplemental and I would be happy to address them.

"I certify that I took the complete history from the patient, conducted the examination, reviewed all available medical records, and composed and drafted the conclusions of this

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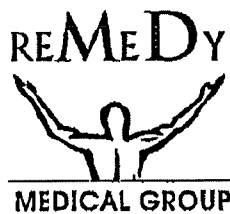
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RE: SHOCKLEY, Jonathan

report. The conclusions and opinions within this report are solely mine. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. In accordance with Labor Code Section 5703(a) [2], there has not been a violation of Labor Code Section 139.3, and the contents of the report are true and correct to the best of my knowledge. I have not offered, delivered, received, or accepted any rebate, refunds, commission, preference, patronage, dividend, discount or other consideration for any referred examination or evaluation. This statement is made under penalty of perjury. Pursuant to 8 Cal. Code Regulations Section 49.2-49.9, I have complied with the requirement for face-to-face time with the patient in this evaluation. I have discussed apportionment in the body of this report. If I have assigned disability caused by factors other than the industrial injury, that level of disability constitutes the apportionment. The ratio of nonindustrial disability, if any, to a described disability represents my best medical judgment of the percentage of disability caused by the industrial injury and the percentage of disability caused by other factors, as defined in Labor Code Section 4663 and 4664."

Sincerely,



Adam J. Stoller, M.D.

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RE: SHOCKLEY, Jonathan

Attached: ADL worksheets

CC:

James Goines, Defense Attorney

Zachary Kweiler, Applicant Attorney

Mario Castro, Claims Adjuster

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